



PTO/SB/21 (08-00)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/970,929
	Filing Date	October 5, 2001
	First Named Inventor	Jun KOYAMA et al.
	Group Art Unit	2629
	Examiner Name	Srilakshmi K. Kumar
Total Number of Pages in This Submission	Attorney Docket Number	0756-2368

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application/Corrected Application Papers <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. 3. 4. 5. 6.
<b>Remarks</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	July 14, 2008

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Type or printed name	Adele M. Stamper		
Signature		Date	July 14, 2008

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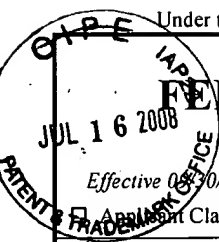
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# **FEE TRANSMITTAL FOR FY 2007**

Effective 08/30/2007. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ ) 810.00

## Complete if Known

Application Number	09/970,929
Filing Date	October 5, 2001
First Named Inventor	Jun KOYAMA et al.
Examiner Name	Srilakshmi K. Kumar
Group Art Unit	2629
Attorney Docket No.	0756-2368

## METHOD OF PAYMENT

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- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17 and
- 
- credit overpayments

☐ Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money  
Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	2001	310	155	Utility filing fee	
1111	2111	510	255	Search fee	
1311	2311	210	105	Examination fee	
Over 100 Sheets/260 for each additional 50					

SUBTOTAL (1)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X \$50 =		
Independent Claims -3** =	X \$210 =		
Multiple Dependent	=		

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1202	2202	50	25	Claims in excess of 20	
1201	2201	210	105	Independent claims in excess of 3	
1203	2203	370	185	Multiple dependent claim, if not paid	
1204	2204	210	105	** Reissue independent claims over original patent	
1205	2205	50	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	510	2452	255	Petition to revive - unavoidable	
1453	1,540	2453	770	Petition to revive - unintentional	
1501	1,440	2501	720	Utility issue fee (or reissue)	
1502	820	2502	410	Design issue fee	
1503	1,130	2503	565	Plant issue fee	
1462	400	1462	400	Petitions, Group I	
1463	200	1463	200	Petition, Group II	
1464	130	1464	130	Petitions, Group III	
1807	50	1807	50	Processing fee under 37 CR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	\$810.00
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$ 810.00

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## SUBMITTED BY

Name (Print/Type) Eric J. Robinson

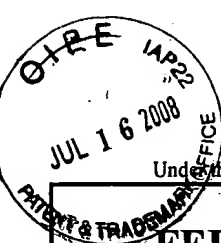
Signature

Registration No. 38,285  
(Attorney/Agent)

## Complete (if applicable)

Telephone (571) 434-6789

Date July 14, 2008



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*Adel M. Stanger*

## SUBMITTED BY

Name (Print/Type) Eric J. Robinson

Signature

Registration No.  
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone

(571) 434-6789

Date

July 14, 2008